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	15G116	A. BUILDING 00 B. WING	02/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC OF NORTHWEST INDIANA INC, THE	1734 JEFFREY DR LOWELL, IN 46356

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W0000	This visit was for a fundamental recertification and state licensure survey. Dates of survey: February 13, 14, 15 and 24, 2012 Facility number: 000653 Provider number: 15G116 AIM number: 100234070 Surveyor: Christine Colon, Medical Surveyor III/QMRP The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/8/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W0130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview, the facility failed for 1 of 2 sampled clients (client #1) to ensure privacy during medication administration. Findings include: A morning observation was conducted on 2/13/12 from 6:00 A.M. until 8:00 A.M.. At 6:50 A.M., Direct Support Professional (DSP) #2 tested client #1's Blood Glucose Level (BGL), injected his insulin and administered client #1's prescribed oral medication in the open living/dining room where clients #2, #3, #4 and #5 sat and were able to hear medication information. DSP #2 stated "[Client #1] we have to test your level. I have to give you your insulin injection." There was no training regarding privacy observed during medication administration. Client #1's BGL was tested, insulin was administered and he was administered his medication with clients #2, #3, #4 and #5 sitting in the same room. An interview with the Director of Nursing Services (DNS) was conducted at the	W0130	Staff office and medication pass area has been moved to another room with a closing door to meet clients' rights of privacy.To ensure future compliance, Community Services Nurse, Service Coordinator, or Area Manager will observe one med pass bi-monthly for one month and at least quarterly thereafter.	03/18/2012

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	facility's administrative office on 2/24/12 at 12:30 P.M.. The DNS indicated all clients should have privacy during medication administration. 9-3-2(a)			

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W0249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview, the facility failed 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #3 and #4) to implement written objectives during times of training opportunities. Findings include: A morning observation was conducted at the group home on 2/13/12 from 6:00 A.M. until 8:00 A.M.. At 6:50 A.M., DSP #2 retrieved a plastic bag from the file cabinet, took each of the medication cards out, popped each medication into client #1's hand and prompted client #1 to take his medication. Client #1 did not state the name and purpose of 2 of his over the counter medications. At 7:10 A.M., DSP #2 retrieved a plastic bag from the file cabinet, took each of the medication cards out, popped each medication into client #3's hand and prompted client #3 to take his medication. Client #3 did not administer his own medications. At 7:15 A.M., DSP #2	W0249	Service Coordinator will retrain DSPs on implementation of objectives and will document trainings. To ensure future compliance, the Service Coordinator will observe implementation of program objectives twice monthly for three consecutive months and at least monthly thereafter.	03/18/2012

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	retrieved a plastic bag from the file cabinet, took each of the medication cards out, popped each medication into client #2's hand and prompted client #2 to take his medication. DSP #2 then took an unlabeled bottle out of the file cabinet, poured the powder into a cup of water and administered it to client #2. Client #2 did not state the 6 rights of medication. At 7:20 A.M., DSP #2 retrieved a plastic bag from the file cabinet, took each of the medication cards out, popped each medication into client #4's hand and prompted client #4 to take his medication. Client #4 did not identify the 6 rights of medication. A review of client #1's record was conducted on 2/14/12 at 11:45 A.M.. The Individual Support Plan (ISP) dated 6/30/11 indicated: "Will name and state the purpose of two of his over the counter medications." A review of client #2's record was conducted on 2/14/12 at 11:15 A.M.. A review of client #2's ISP dated 3/17/11 indicated: "Will learn the 6 rights of medications." A review of client #3's record was conducted on 2/14/12 at 12:35 P.M.. A review of client #3's ISP dated 3/16/11 indicated: "Will learn to administer his			

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	own medications." A review of client #4's record was conducted on 2/14/12 at 1:56 P.M.. The ISP dated 6/16/11 indicated: "Will learn to identify the 6 rights of medications." The Service Coordinator (SC) was interviewed on 2/24/12 at 11:35 A.M.. The SC indicated active treatment should be ongoing and training objectives should be implemented at all times of opportunity. 9-3-4(a)			

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W0322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #2) to provide a follow up dental appointment as recommended by the dentist. Findings include: A review of client #2's record was conducted on 2/14/12 at 11:15 A.M.. Client #2's record indicated a most current dental evaluation dated 7/6/11 with the recommendation: "On a 4 month recare." Client #2's record did not contain evidence he followed up in 4 months as recommended by the dentist. The Director of Nursing Services (DNS) was interviewed on 2/24/12 at 12:30 P.M.. The DNS indicated client #2 was overdue for his dental exam. The DNS further indicated client #2 was to follow up as recommended by the dentist. 9-3-6(a)	W0322	Family member took client on this appointment and failed to provide documentation after appointment. Through continuing communication with client's mother, Service Coordinator will ensure receipt of all documentation following appointments in a timely manner. To ensure future compliance, Service Coordinator will speak with mother monthly to remind her to send in all documentation following appointments.	03/18/2012

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W0369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview, the facility failed for 2 of 17 medications administered to 1 of 2 sampled clients and 1 additional client observed during medication administration (clients #1 and #3) to ensure staff administered the client's medications, as ordered without error. Findings include: A morning observation was conducted on 2/13/12 from 6:00 A.M. until 8:00 A.M.. At 6:15 A.M., client #3 began eating breakfast. At 6:50 A.M., Direct Support Professional (DSP) #2 began administering client #1's Docusate Sodium (stool softener) 100 mg (milligram) capsule with a sip of water. Review of the label indicated: "Docusate Sodium 100 mg capsule...1 capsule orally once a day...take with plenty of water." DSP #2 did not encourage client #1 to drink plenty of water with his medication. At 7:10 A.M., DSP #2 Therm A tablet (supplement) with less than 1 ounce of water. Review of the medication label indicated: "Therm A tablet...1 tablet orally once a day...Take on an empty	W0369	Community Services Nurse will retrain DSPs on proper medication administration in accordance with physician's orders. To ensure future compliance, an Area Manager, Service Coordinator, or Community Services Nurse will do monthly observations, and review medication administration records.	03/18/2012

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	stomach...Take with plenty of water...1 hour before or 2 to 3 hours after a meal." DSP #2 did not encourage client #3 to drink plenty of water and did not administer the medication as directed. An interview with the Director of Nursing Services (DNS) was conducted on 2/24/12 at 12:30 P.M.. The DNS indicated DSP #2 should have followed the directions on the label when administering client #1 and client #3's medications. When asked how much water would be considered plenty of water the DNS stated "Eight ounces." 9-3-6(a)			

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W0388	483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. Based on observation, record review, and interview, the facility failed for 1 of 2 sampled clients (client #2), who received medication, to have the medication labeled from the pharmacy. Findings include: A morning observation was conducted at the group home on 2/13/12 from 6:00 A.M. until 8:00 A.M.. Client #1's medications were administered by Direct Support Professional (DSP) #2 at 7:15 A.M.. A bottle of Isotonix Calcium Plus was taken from client #2's medication bag. The bottle did not contain client #2's name or instructions for administration. The bottle did not contain a pharmacy label. An interview was conducted on 2/13/12 at 7:18 A.M., with DSP #2. DSP #2 indicated the bottle was for client #2, however it did not come from the pharmacy; client #2's mother purchases the medication and brings it to the group home. A review of client #2's record was conducted on 2/14/12 at 11:15 A.M..	W0388	The Community Services Nurse will have DSPs take over the counter medications to pharmacy and have the medications labeled for each client. To ensure future compliance, the Community Services Nurse will visit group home monthly for three months and quarterly thereafter.	03/18/2012

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	Client #2's February 2012, Physicians Orders (PO) indicated: "Isotonix: 1 capful in the A.M. and 1 capful in the P.M.." An interview with the Director of Nursing Services (DNS) was conducted on 2/24/12 at 12:30 P.M.. The DNS indicated all medications should have a pharmacy label on them. 9-3-6(a)			

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W0440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills during the overnight shift (11:00 P.M. to 7:00 A.M.) during the second quarter (April 1st through June 30th) of 2011 which effected 4 of 4 clients living in the facility (clients #1, #2, #3 and #4.) Findings include: The facility's records were reviewed on 2/13/12 at 12:45 P.M.. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3, #4 and #4 on the overnight shift during the second quarter (April 1st through June 30th) of 2011. The Area Manager (AM) was interviewed on 2/24/12 at 12:25 P.M.. The AM indicated evacuation drills are to be run during each quarter for each shift. The AM further indicated there was no documentation available for review to indicate a drill was conducted for the mentioned shift/quarter. 9-3-7(a)	W0440	Area Manager will retrain staff on evacuation drills to ensure that all drills are run during each shift on a quarterly basis. Drills will be documented. To ensure future compliance, Area Manager will monitor fire drills monthly thereafter.	03/18/2012

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W9999	State Findings: 431 IAC 1.1-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met: The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division. This state rule is not met as evidence by: Based on record review and interview, the facility failed for 1 of 1 incident of an allegation of abuse reviewed to report a Bureau of Developmental Disabilities Services (BDDS) follow up report in a timely manner. Findings include: A review of the facility's records was conducted at the facility's administrative office on 2/14/12 at 2:25 P.M.. Review of 1 of 1 investigation record indicated: Report dated 2/3/12: "As reported to the Service Coordinator (SC) on 2/3/12 at 9:30 A.M., [client #2] made an allegation	W9999	Service Coordinator and or Community Services Nurse will report incidents to BDDS within a twenty-four hour period after receiving notification of reportable incident. All DSPs will be trained on the timing of the reporting procedure. All incidents will be reported to the administrator immediately upon notification. Follow-up reporting will occur within seven days until report has been closed.	03/18/2012

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	on 2/1/12 that '[staff name] reads my notes and asks me why I tell [SC name] everything.' ' [Staff name] is mean. He bosses me around and won't let me watch television or listen to my radio.' This statement was originally reported to the nurse while she was performing an assessment on [client #2] at the Day Program." Further review of the investigation record failed to have a follow-up report submitted to BDDS. A review of the Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 2/14/12 at 7:00 P.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS. **Reportable Incident Follow-Up** 1. An incident may be closed by BQIS upon receipt and processing. 2. If an incident is not closed upon BQIS ' receipt and processing, BQIS shall forward an email notification to the person responsible for incident follow-up reporting. 3. The person responsible for incident follow-up reporting shall:			

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	a. submit an electronic incident follow-up report within 7 days of the date of the incident initial report; b. continue to submit incident follow-up reports on an every 7 day schedule, until such time as the incident is resolved to the satisfaction of all entities;" An interview with the Behavioral Health Director (BHD) was conducted on 2/24/12 at 11:30 A.M.. The BHD indicated no BDDS follow up report was submitted within 7 days. 9-3-1(b)			